



2400 Yamato Road • Boca Raton, FL 33431 • (561) 241-9014

**Client/Contact Form**  
*All Information is strictly confidential*

Client Name (Please print): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail Address: (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Cell: (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Work Phone: (His) \_\_\_\_\_ (Hers) \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Employer: (His) \_\_\_\_\_ How long? \_\_\_\_\_ (Hers) \_\_\_\_\_ How long? \_\_\_\_\_

Marital Status:  single  engaged  married  separated  divorced  widowed

How long? \_\_\_\_\_

Have you been here before?  Yes  No If yes, when? \_\_\_\_\_

Reason for seeking therapy: \_\_\_\_\_

Why did you choose Spanish River Counseling Center:  SRC Member  Advertising  Website  
 Referred (By Whom) \_\_\_\_\_

Who lives in your home besides yourself?

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____

Do you worship regularly (optional)  Yes  No

If yes, where (optional) \_\_\_\_\_

Are you currently under a physician's care?  Yes  No

If yes, name of physician \_\_\_\_\_ Reason \_\_\_\_\_

Currently taking medication?  Yes  No If yes, reason \_\_\_\_\_ How long \_\_\_\_\_

Previous counseling?  Yes  No If yes, by whom? \_\_\_\_\_ When \_\_\_\_\_

How long? \_\_\_\_\_ Where \_\_\_\_\_ Reason \_\_\_\_\_